

Reptile Adoption Application

Reptile Name _____

Humane Society of Jefferson County, Inc.



Application Procedure

We request the following information in an attempt to assist you with the selection of your companion animal. The animal’s welfare is our foremost consideration. This process is designed to help us determine if the placement is in the animal’s best interest and to assist you in finding an animal best suited to your lifestyle. H.S.J.C. reserves the right to refuse an adoption to anyone for any reason. No animal will be adopted to prospective owners who mislead or fail to provide accurate information on this application.

Please read the following information carefully.

1. Fill out the application completely.
2. We do not do same day adoptions.
3. Every effort will be made to review the application in a timely manner. HSJC staff will notify you when the process has been completed and inform you of our decision.
4. Once an application has been approved it will remain on file for 6 months.
5. All family members must meet the new companion animal before adoption to ensure compatibility.

Date: _____

Name: _____

Phone: _____

Address: _____

City _____ **State:** _____ **Zip:** _____ **County** _____

Birth date: _____

Email address: _____

How long have you lived at this address? _____

If there is a specific reptile you are interested in? What is the name of the pet? _____

Pre-approve (pet selection not yet made) Yes / No

Type of residence

Circle one: House Apartment Duplex Mobile Home Farm
 Live with friend/relative Condo Other_____

If you rent, lease or own a condo or trailer please provide the following information:

Landlord or Condo association: _____

Daytime phone: _____ Evening phone: _____

Are you planning to move within the next 6 months? _____

Veterinary Information(for owned and pets owned in the last 5 years)

Clinic name: _____

Phone: _____

If you do not currently have a veterinarian, you will be asked to obtain one before the adoption is finalized.

Please feel free to ask us for a list of qualified reptile veterinarians.

Please list the pets you currently own and pets you have owned in the past 5 years:

<u>Species</u>	<u>Name</u>	<u>Age</u>	<u>Neutered?</u>	<u>Still own?</u>

Are the records under name listed on application? Yes / No

If you no longer own the pet, what happened to it?

Have you ever adopted from a shelter before? Yes / No When? _____

What kind of pet? _____

Have you ever surrendered an animal to a shelter or rehomed an animal? Yes / No

When? _____ Why? _____

What is your past experience with reptiles? Please circle.

First time owner

Current reptile owner

Had a reptile in the past

How much \$ do you plan to spend per year to care for your reptile? _____

Are you aware that reptiles require specialized care, including proper lighting, heat source, diet, etc.? Yes / No

How many hours per day will your reptile be without human companionship? _____

Are you willing and able to assume the financial responsibilities of pet ownership? Yes / No

Are you a frequent traveler? Yes / No

Who will care for your reptile while you are away? _____

If you must move from your current place of residence what will you do with your pet?

Please tell us a little about your household

What is the activity level of your household? Please circle.

Quiet

Active

Moderate activity

of children and ages _____

Adults _____

Who will be the primary caretaker? _____

This reptile is being adopted as:

Please circle all that apply.

Gift

Companion

For a Child

Companion for another reptile

Classroom pet

Breeding

How did you learn about our organization? Please circle.

Pets of the Week Friend/Relative Phone Book Veterinarian
Radio Special Event Other _____

Release:

I certify that I am at least 18 years of age and have provided truthful and accurate information on this application. I give my consent for the Humane Society of Jefferson County to verify this information. **I also authorize my veterinarian to release any information requested by the Humane Society of Jefferson County.** I understand that animals will not be adopted to prospective owners who mislead or fail to provide accurate information. I understand that the HSJC has the right to deny my application. If this animal becomes ill, I certify that I am financially prepared to treat this animal at my own expense. The HSJC is not liable for any animal, or its actions, after the animal has been placed in its approved home.

Signature: _____ **Date:** _____

Received: Staff Initials _____ **Date/Time:** _____

Office Use Only

Veterinary check _____ *Landlord approval* _____

Home ownership verified _____ *Pets licensed* _____

Approved _____ *Denied* _____ *Pending* _____

Adopter notified _____

Notes:

Include all correspondence relating to adoption. Please date and initial.
